

**REDACTED - FOR PUBLIC INSPECTION**

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB 3060-0986 OMB 3060-0819 <small>Avg. Burden Estimate per Respondent: 20 Hours</small>
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<010> Study Area Code	351188
<015> Study Area Name	Goldfield Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Alyce Seaba
<035> Contact Telephone Number: Number of the person identified in data line <030>	515-825-3766
<039> Contact Email: Authorize Email of the person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
			<small>(check box when complete)</small>	
<100> Service Quality Improvement Reporting	<small>(complete attached worksheet)</small>		X	
<200> Outage Reporting (voice)	<small>(complete attached worksheet)</small>		X	X
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	\$0		X	
<310> Detail on Attempts (voice)		<small>(attach descriptive document)</small>	X	
<320> Unfulfilled Service Requests (broadband)	N/A		N/A	
<330> Detail on Attempts (broadband)		<small>(attach descriptive document)</small>		
<400> Number of Complaints per 1,000 customers (voice)			X	X
<410> Fixed	0			
<420> Mobile				
<430> Number of Complaints per 1,000 customers (broadband)			N/A	
<440> Fixed	N/A			
<450> Mobile				
Agent or Employee of Agent:				
<500> Service Quality Standards & Consumer Protection Rules Compliance	<small>(check to indicate certification)</small>		X	X
zed Agen 351188ia510.pdf	<small>(attached descriptive document)</small>		X	X
ized Age Functionality in Emergency Situations	<small>(check to indicate certification)</small>		X	X
orized A 351188ia610.pdf	<small>(attached descriptive document)</small>		X	X
<700> Company Price Offerings (voice)	<small>(complete attached worksheet)</small>		N/A	
<710> Company Price Offerings (broadband)	<small>(complete attached worksheet)</small>		N/A	
<800> Operating Companies and Affiliates	<small>(complete attached worksheet)</small>		X	X
<900> Tribal Land Offerings (Y/N)? No	<small>(if yes, complete attached worksheet)</small>		X	
<1000> Voice Services Rate Comparability	<small>(check to indicate certification)</small>		N/A	
<1010>	<small>(attach descriptive document)</small>			
<1100> Terrestrial Backhaul (Y/N)? Yes	<small>(if not, check to indicate certification)</small>			
<1110>	<small>(complete attached worksheet)</small>			
<1200> Terms and Condition for Lifeline Customers	<small>(complete attached worksheet)</small>			X

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<small>(check to indicate certification)</small>		
<2005>	<small>(complete attached worksheet)</small>		

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	<small>(check to indicate certification)</small>		
<3005>	<small>(complete attached worksheet)</small>		

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986  
OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351188
<015>	Study Area Name	Goldfield Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Alyce Seaba
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) No
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no )

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony	
Name of A service		Name of Attached Document (.pdf)
Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.		
<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>



<b>(800) Operating Companies and Affiliates</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

<810>	Reporting Carrier	Goldfield Telephone Company
<811>	Holding Company	Goldfield Telephone Company
<812>	Operating Company	Goldfield Telephone Company

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
Name of Agent	Goldfield Communications Services Corp.		
	Goldfield Access Networks, L.C.		
	North Central Wireless, LLC		
	Goldfield Telecom, LC		
Name of Authorized Agent or Employee of Agent:			
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agent:			

<b>(900) Tribal Lands Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	351188
<b>&lt;015&gt;</b>	Study Area Name	Goldfield Telephone Company
<b>&lt;020&gt;</b>	Program Year	2014
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<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

**<910>** Tribal Land(s) on which ETC Serves \_\_\_\_\_

**<920>** Tribal Government Engagement Obligation \_\_\_\_\_  
 Name of Attached Document (.pdf) \_\_\_\_\_

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Authorizer Needs assessment and deployment planning with a focus on Tribal community anchor institutions;

	Select (Yes,No, NA)
<b>&lt;922&gt;</b> Feasibility and sustainability planning;	
<b>&lt;923&gt;</b> Marketing services in a culturally sensitive manner;	
<b>&lt;924&gt;</b> Compliance with Rights of way processes	
<b>&lt;925&gt;</b> Compliance with Land Use permitting requirements	
<b>&lt;926&gt;</b> Compliance with Facilities Siting rules	
<b>&lt;927&gt;</b> Compliance with Environmental Review processes	
<b>&lt;928&gt;</b> Compliance with Cultural Preservation review processes	
<b>&lt;929&gt;</b> Compliance with Tribal Business and Licensing requirements.	

\_\_\_\_\_  
 Name of Authorized Agent or Employee of Agent:

Printed name of Authorized Agent or Employee of Agent:  
 Title or position of Authorized Agent or Employee of Agent:  
 Telephone number of Authorized Agent or Employee of Agent:

<b>(1110) No Terrestrial Backhaul Reporting Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351188
<015>	Study Area Name	Goldfield Telephone Company
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<030>	Contact Name - Person USAC should contact regarding this data	Alyce Seaba
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

Authorized Agent:

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b>  <b>Data Collection Form</b>	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

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<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	351188ia1210.pdf Name of attached document (.pdf)
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<1220>	Link to Public Website	HTTP
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Authorized Agent:

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

Name of Authorized Agent or Employee of Agent:

Printed name of Authorized Agent or Employee of Agent:

Title or position of Authorized Agent or Employee of Agent:

Telephone number of Authorized Agent or Employee of Agent:

<b>(2005) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351188
<015>	Study Area Name	Goldfield Telephone Company
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Alyce Seaba
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
Authorized Agent: 3rd Year Certification {47 CFR § 54.313(b)(2)}		<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

Name of Authorized Agent or Employee of Agent: \_\_\_\_\_



(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
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	OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351188
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Alyce Seaba
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<039>	Contact Email Address - Email Address of person identified in data line <030>	belie@goldfieldaccess.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report		
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?		<input checked="" type="checkbox"/> (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3024)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3025)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3026)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	351188ia3026.pdf

<b>Certification - Reporting Carrier Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belle@goldfieldaccess.net">belle@goldfieldaccess.net</a>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</p>		
Name of Reporting Carrier: <b>Goldfield Telephone Company</b>		
Signature of Authorized Officer: <b>Darrell Seaba</b>		Date: <b>10/4/13</b>
Printed name of Authorized Officer: <b>Darrell Seaba</b>		
Title or position of Authorized Officer: <b>General Manager</b>		
Telephone number of Authorized Officer: <b>515-825-3766</b>		
Study Area Code of Reporting Carrier: <b>351188</b>		Filing Due Date for this form: <b>10/15/2013</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>		

<b>Certification - Agent / Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986
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<035>	Contact Telephone Number - Number of person identified in data line <030>	515-825-3766
<039>	Contact Email Address - Email Address of person identified in data line <030>	<a href="mailto:belie@goldfieldaccess.net">belie@goldfieldaccess.net</a>

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: <b>Goldfield Telephone Company</b>	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: <b>351188</b>	Filing Due Date for this form: <b>10/15/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <b>Goldfield Telephone Company</b>	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: <b>351188</b>	Filing Due Date for this form: <b>10/15/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Goldfield Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Goldfield Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

**FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

The Lifeline program has recently been streamlined by the Federal Communications Commission. Lifeline benefits are now limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for or already receiving Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their level of income. For more information, please see the [2013 Lifeline Week news release](#).

A Lifeline [application form](#) is available from your local telephone service provider, the Iowa Utilities Board, or most [Community Action Agencies](#) in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Information about the [number of customers receiving Lifeline assistance](#) is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board (IUB) toll free at 1-877-565-4450, or visit [www.fcc.gov/lifeline](http://www.fcc.gov/lifeline) or [www.usac.org](http://www.usac.org)

Number of local minutes provided: Unlimited local calling

Additional charges for toll calls: Toll calls are billed at carriers' standard rates

**REDACTED - FOR PUBLIC INSPECTION**

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 3026**

**ATTACHEMENT REDACTED IN ENTIRETY**